

09-01-04  
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7590

06/15/2004

**DELPHI TECHNOLOGIES, INC.**

Legal Staff

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Mail Code: 480-414-420

Troy, MI 48007-5052

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Katie Hales	(Depositor's name)
Katie Hales	(Signature)
31-Aug-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/927,718	08/10/2001	Owen H. Bailey	DP-302920	6362

TITLE OF INVENTION: DIAGNOSTIC SYSTEM FOR MONITORING CATALYST PERFORMANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SODERQUIST, ARLEN	1743	436-037000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jimmy L. Funke

2.

3.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government**4a. The following fee(s) are enclosed:**☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2**4b. Payment of Fee(s):**☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0831 (enclose an extra copy of this form).

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(Date)

Katie Hales 31-Aug-04

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01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA

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